

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2003 JUL 15 PM 1:24 FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE MAYOR FIRST HOWARD MI W.
NICKNAME LAST PEAK SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
238 MEDFORD DR.
SAN ANTONIO, TEXAS 78209

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE MR. FIRST CHARLES MI
NICKNAME LAST AMATO SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
9311 SAN PEDRO, SUITE 600
SAN ANTONIO, TEXAS 78216

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 525-1241

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year
01 / 01 / 03 THROUGH Month Day Year
06 / 30 / 03

10 ELECTION

ELECTION DATE Month Day Year
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**2003 JUL 15 PM 1:24
FORM C/OH
COVER SHEET PG 2**14 C/OH NAME**

PEAK, HOWARD W.

15 ACCOUNT # (Ethics Commission filers)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

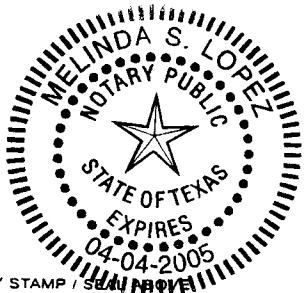
4. TOTAL POLITICAL EXPENDITURES

\$ 1,900.00

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Peak, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

2003 JUL 15 PM 1:24

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME PEAK, HOWARD W.		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/05/03	5 Payee name BEXAR COUNTY WOMAN'S POLITICAL CAUCUS 6 Payee address: City: State: Zip Code 227 GLAMMIS, SAN ANTONIO, TEXAS 78223	7 Amount (\$) 125.00
8 Purpose of payment (See instructions regarding type of information required.) LUNCHEON SPONSORSHIP		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/24/03	Payee name ED GARZA CAMPAIGN Payee address: City: State: Zip Code 1000 BROADWAY, SAN ANTONIO, TEXAS 78205	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/28/03	Payee name SECURITY SELF STORAGE Payee address: City: State: Zip Code 1130 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS 78209	Amount (\$) 145.00
Purpose of payment (See instructions regarding type of information required.) STORAGE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/28/03	Payee name SAN ANTONIO LIBRARY FOUNDATION Payee address: City: State: Zip Code 315 E. COMMERCE, SAN ANTONIO, TEXAS	Amount (\$) 200.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CITY CLERK

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POLITICAL EXPENDITURES

2003 JUL 15 PM 1:24

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME PEAK, HOWARD		3 ACCOUNT # (Ethics Commission files)
4 Date 03/24/03	5 Payee name BLESSED SACRAMENT ACADEMY Payee address: City: State: Zip Code 1135 MISSION ROAD, SAN ANTONIO, TEXAS 78210	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 03/30/03	Payee name SECURITY SELF STORAGE Payee address: City: State: Zip Code 1130 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS 78209	Amount (\$) 145.00
Purpose of payment (See instructions regarding type of information required.) STORAGE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 04/04/03	Payee name HUMANE SOCIETY Payee address: City: State: Zip Code 4804 FREDRICKSBURG ROAD, SAN ANTONIO, TEXAS 78229	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 04/25/03	Payee name JOSH COPELAND CAMPAIGN Payee address: City: State: Zip Code P.O. BOX 781386 SAN ANTONIO, TEXAS 78278	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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CITY CLERK**

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POLITICAL EXPENDITURES

2003 JUL 15 PM 1:24

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME PEAK, HOWARD W.		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/28/03	5 Payee name SECURITY SELF STORAGE 6 Payee address: City: State: Zip Code 1130 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS 78209	7 Amount (\$) 145.00
8 Purpose of payment (See instructions regarding type of information required.) STORAGE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/01/03	Payee name SECURITY SELF STORAGE Payee address: City: State: Zip Code 1130 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS 78209	Amount (\$) 145.00
Purpose of payment (See instructions regarding type of information required.) STORAGE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/30/03	Payee name SECURITY SELF STORAGE Payee address: City: State: Zip Code 1130 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS 78209	Amount (\$) 145.00
Purpose of payment (See instructions regarding type of information required.) STORAGE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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